BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART 1 (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			4019				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			// ບ minus 20=		• 20			X\$ 9=	120	OR	X\$18=	
INDEPENDENT CLAIMS			(-2.	nus 3 =	* 9	* 9		X40=	3/20	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	135	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTAL	1020	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 40	Minus	** 4	10	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***/	Z TCLAIM	= 4		# T	680	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /								+135≡	HO.00	OR	+270=	140.00
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	TCLAIM]	405			070	
								+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	Lasar gazara and al		mn 2)	(Column 3)	a					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM] }	7,10		OR	7.00	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er four	nd in the app	ropriate box	cin co	lumn 1.	